

SECRET
(When filled)

INSTRUCTIONS: This form will be used when requesting a search of RI indices, and/or withdrawal of listed documents for RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE					DATE	
FROM: []			DIVISION EE/P		ROOM NO. 1311-K	TELEPHONE 6364
TO:	ROOM NO.	DATE		INITIALS	ACTION DESIRED (Check one)	
		RECEIVED	FORWARDED			
RI INDEX SECTION	1107 L				<input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.	
					<input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.	
RI FILES SECTION	1400 L				<input type="checkbox"/> SEND LISTED DOCUMENTS TO REQUESTER.	
					<input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.	
					<input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.	
					<input type="checkbox"/> TELEPHONE REPLY.	
PERSONAL DATA						
NAME (Last) (Type or print)		(First)		(Middle)		TITLE
RZEITACZEK, MARTA						
ALIASES AND SPELLING VARIATIONS						
DATE OF BIRTH		OTHER IDENTIFYING DATA				
		<input type="checkbox"/> NOT IDENTIFIABLE				
RE. NCES						
<div>DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHOD EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2008</div>						

SECRET
(When Filled In)

INSTRUCTIONS: This form will be used when requesting a search. RI indices, and/or withdrawal of lists, documents from RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE						DATE			
FROM: 			DIVISION <i>EE/P</i>		ROOM NO. <i>1311-K</i>		TELEPHONE <i>4364</i>		
TO:		ROOM N		DATE		INITIALS		ACTION DESIRED (Check one)	
RI INDEX SECTION		1107 L		RECEIVED		FORWARDED		<input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.	
RI FILES SECTION		1400 L						<input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.	
								<input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.	
								<input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.	
								<input type="checkbox"/> TELEPHONE REPLY.	

PERSONAL DATA (Type or print)			
NAME (Last) <i>HINNRICHS</i> (First) <i>WALTER</i> (Middle) <i> </i>		TITLE OR RANK <input type="checkbox"/> NOT IDENTIFIABLE	
ALIASES AND SPELLING VARIATIONS		OTHER IDENTIFYING DATA <i>ARCHITECT'S OFFICE OF LUFTWAFFE AT BUNDESPLATZ</i>	
DATE AND PLACE OF BIRTH		INSTRUCTIONS TO REQUESTING OFFICER: Upon completion of your review of references attach this form to RI copy of outgoing reply or incoming request in case of no reply. Your notes will facilitate future research on this person.	

COMPLETE COLUMNS 1 AND 2 AT INDEX SEARCH		COMPLETE COLUMNS 3 AND 4 UPON REVIEW OF DOCUMENTS	
1. RI FILE NUMBERS (Page, reel, etc.)	2. FIELD SYMBOL	3. SOURCE EVAL. & DATE OF INFO.	4. COMMENTS (Pertinency, etc.)
a. 			
b. <i>HINNRICHS, WALTER</i>			
a. <i>32-4-87-180</i>			
b. <i>HINNRICHS, WALTER</i>			
a. <i>EGBA-3808</i>			
b. <i>9 Jan 57</i>			
a. <i>DEI-9419</i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			
a. <i> </i>			
b. <i> </i>			

0-LT C9

SECRET
(When Filled In)

INSTRUCTIONS: This form will be used when requesting a search. RI indices, and/or withdrawal of list documents from RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE					DATE	
FROM: 			DIVISION EE/P		ROOM NO. 1311-K	TELEPHONE 4363
TO:	ROOM NO.	DATE		INITIALS	ACTION DESIRED (Check one)	
		RECEIVED	FORWARDED			
RI INDEX SECTION	1107 L				<input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.	
					<input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.	
RI FILES SECTION	1400 L				<input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.	
					<input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.	
					<input type="checkbox"/> TELEPHONE REPLY.	

PERSONAL DATA (Type or print)

NAME (Last)	(First)	(Middle)	TITLE OR RANK	<input type="checkbox"/> NOT IDENTIFIABLE
LAECHERT, DIETER HANS JURGEN				
ALIASES AND SPELLING VARIATIONS			OTHER IDENTIFYING DATA	
LATCHERT, LEJCHERT			Saboteur HUTTA COMBINAT	

DATE AND PLACE OF BIRTH	INSTRUCTIONS TO REQUESTING OFFICER: Upon completion of your review of references attach this form to RI copy of outgoing reply or incoming request in case of no reply. Your notes will facilitate future research on this person.
23 AUG 39 BRLN	

COMPLETE COLUMNS 1 AND 2 AT INDEX SEARCH		COMPLETE COLUMNS 3 AND 4 UPON REVIEW OF DOCUMENTS	
1. FILE NUMBERS (Page, reel, etc.)	2. FIELD SYMBOL	3. SOURCE EVAL. & DATE OF INFO.	4. COMMENTS (Pertinency, etc.)
a. 			
b. Laeichert, Hans Jurgen	ESBA-38082	see BRLN misc LEAD	
a. 9 Jan 57			
b.			
a.			
b.			
a.			
b.			
a.			
b.			
a.			
b.			
a.			
b.			
a.			
b.			
a.			
b.			

0-LTCE

SECRET
(When filled)

INSTRUCTIONS: This form will be used when requesting a search of RI indices, and/or withdrawal of listed documents for RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE

DATE

FROM:

DIVISION

ROOM NO.

TELEPHONE

TO:

ROOM NO.

DATE

RECEIVED

FORWARDED

INITIALS

ACTION DESIRED (Check one)

RI INDEX
SECTION

1107 L

RI FILES
SECTION

1400 L

☐

LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.

☐

LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.

☐

SEND LISTED DOCUMENTS TO REQUESTER.

☐

LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.

☐

SEND RI ARCHIVES DOCUMENTS TO REQUESTER.

☐

TELEPHONE REPLY.

PERSONAL DATA

NAME (Last)

(First)

(Middle)

TITLE

(Type
or print)

FROSCHE

GUSTAVE

Born Sep. 1908 Berlin

ALIASES AND SPELLING VARIATIONS

FROSCHE

EMMY

" BRLN 1909

DATE OF BIRTH

OTHER IDENTIFYING DATA

☐

NOT IDENTIFIABLE

RE. NCES

NT

(When filled in)

INSTRUCTIONS: This form will be used when requesting a search of 'RI' indices, and/or withdrawal of listed documents from I files. Separate forms will be used for each name submitted. No additional routing sheet is required.

[illegible]

SECRET

(43)

SECRET

(When Filled In)

INSTRUCTIONS: This form will be used when requesting a search of RI indices, and/or withdrawal of list documents from RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE

DATE

FROM:

DIVISION

ROOM NO.

TELEPHONE

TO:

ROOM NO.

DATE

RECEIVED

FORWARDED

INITIALS

ACTION DESIRED (Check one)

RI INDEX
SECTION

1107 L

☐ LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.

☐ LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.
RI FILES
SECTION

1400 L

☐ LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.

☐ SEND RI ARCHIVES DOCUMENTS TO REQUESTER.

☐ TELEPHONE REPLY.

PERSONAL DATA (Type or print)

NAME (Last)

(First)

(Middle)

TITLE OR RANK

☐ NOT IDENTIFIABLE

LAECHE, KAREN REGINA GISELA

ALIASES AND SPELLING VARIATIONS

OTHER IDENTIFYING DATA

Student

DATE AND PLACE OF BIRTH

3 APR 41 BRLN

INSTRUCTIONS TO REQUESTING OFFICER: Upon completion of your review of references attach this form to RI copy of outgoing reply or incoming request in case of no reply. Your notes will facilitate future research on this person.

COMPLETE COLUMNS 1 AND 2 AT INDEX SEARCH

COMPLETE COLUMNS 3 AND 4 UPON REVIEW OF DOCUMENTS

1. RI FILE NUMBERS (Page, reel, etc.)

2. FIELD SYMBOL

3. SOURCE EVAL. & DATE OF INFO.

4. COMMENTS (Pertinency, etc.)

a.

Hans Jorgensen

See BRLN MISC LEADS.

a.

b.

a.

b.

a.

b.

a.

b.

a.

b.

a.

b.

a.